## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>8/24/2010</u>	Address:	Higbee St. (a) Emeline St.
Case #:	<u>24-31820</u>		Milford
County:	Kosciusko		INDIANA
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
$=$ $\cdot$	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
<ul> <li>Items Found: Location (bedroom, kitchen, open air, etc)</li> <li>(check all that apply)</li> <li>✓ Lithium/Ammonia Reaction(s): open air</li> </ul>			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: open air			
Water Reactive Metal (Lithium): open ait			
☐ Anhydrous Ammonia: open air			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base: open sit			
Other (item and location):			
Child under age 18 discovered (check one)  ☐ Yes (number present)  ☐ No  *If yes, fax report to Child Protective Services		<ul> <li>Investigative Information</li> <li>☐ Ephedrine/Pseudoephedrine Tracking Log</li> <li>☐ Retail/Merchant Tip</li> <li>☐ Other:</li> <li>☐ Other:</li> </ul>	
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	tment: Milford VFD.	Fax: 574-658-4141	
Health Department: Koscinsko County		Fax: <u>(574) 269-2</u> 02 <u>3</u> Fax:	
Child Prote	ection Service: n/a	_	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr. Jeff Wampler</u> Phone 57 <u>4-546-4900</u>			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Ciandestine Laboratory Team Leader for retention.